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ABSTRACT

School counseling psychology can be viewed as residing at a midway point on the helping continuum between school guidance and psychotherapy. The training of school personnel for doing counseling varies greatly. School psychologists are often expected to provide counseling. Counseling is done to help alleviate the child's distress, often manifested in disobedience, poor achievement, and breaking school rules. School counseling personnel must be aware of cultural and ethnic considerations to be successful in cross-cultural counseling situations. A five level framework for determining psychological adjustment and for deciding when to counsel is useful. Level one represents a normal child never in need of counseling. Level two suggests a mild, occasional problem. Level three situations involve children with mild to moderate adjustment reactions and are the ideal candidates for counseling. Level four represents a moderate to severe deep-seated adjustment problem of some duration and is usually outside the expertise of the school psychologist. Level five refers to crisis situations such as suicide threats. While level five situations are also beyond the expertise of the school psychologist, he/she may be required to provide psychological first aid and referral services. Level five is always the psychologist's top priority. Knowledge of this framework should help novice counselors better conceptualize degrees of psychopathology that may be encountered in schools. (NB)

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School Counseling Psychology: Framework
For Role Change Regarding Special Education

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Abstract

The regular public school educational system has become too reliant upon special education for dealing with its own problems in general--i.e., funding sources and achievement levels--and nonconforming students in particular. The position taken here is that until systemic changes are made to the American schooling process, the individual school psychologist should never formally classify a student (as being as educationally handicapped) or place a child into special education unless such pupil has received remedial instruction and/or counseling. In this light, a number of basic considerations and suggested practices--including a novel five level framework for determining psychological adjustment--regarding counseling are covered at length. This paper emphasizes that the school is a social arena in which the psychologist school practitioner must function. Greater awareness of the consequences of professional functioning and a change in role are sought for the school psychologist.

School Counseling Psychology: Framework
For Role Change Regarding Special Education

Many school psychologists have come to believe that the best way to help students is by placing them in special education. The basis for such a belief is that there are too few good remedial programs available, and because they feel there is not enough time to do counseling or they lack the skill to do so effectively. It is surely difficult for the individual school practitioner to change a well established traditional system or even consult effectively with certain school personnel for a host of sociological reasons. However, there is something satisfying that the school psychologist alone can do which is beneficial for students: Counseling. This writer views counseling not only as a positive "return to the basics" with new (short-term) methods, but as a productive form of intervention, either to prevent special placement or, if deemed absolutely necessary, to facilitate it--as the student already is known from the counseling situation. By stressing the counseling role for psychologists in the schools, there is a simultaneous reduction in testing time. The school psychologist must defer classifying students for whom sufficient remedial services or counseling have not been made available; and this is really the only viable option until systemic changes--i.e., better regular educational instruction, more appropriate curricula, and school staff more sympathetic to consultation--are made.

In this paper, a number of "basic considerations" germane to school counseling

psychology are pointed out. Afterwards, material more specific to counseling is covered within the "best practices" section--including a "five level schema of psychological adjustment." Keep in mind that although a primary objective of this piece is to raise the school psychologist's level of counseling skill, the major goal here is professional role change in regards to special education placement.

Basic Considerations

What is "School Counseling Psychology"?

It is important to define what is meant here by the term "school counseling psychology" (hereafter usually referred to only as counseling), as opposed to psychotherapy or guidance, and why. For our purposes, counseling resides at a midway point on the helping continuum between school guidance and psychotherapy done within a clinical setting. The distinctions are very important because their purposes are different, each requires a distinct set of skills, plus there are legal and ethical limitations as to where they can be performed and by whom. Tharinger (1985), in her chapter on counseling elementary students, wrote that "The term 'counseling' rather than therapy is used throughout . . . because it is the term used in PL 94-142, the Education for All Handicapped Children Act. However, a distinction between counseling and therapy with children is not made" (pp. 447-448).

Guidance is a "type of counseling in which an individual is assisted through the use of interviews and tests, in choosing educational and vocational careers which will offer . . . maximum satisfaction" (Wolman, 1973, p. 164). Thus, guidance is primarily school/career oriented in nature. By contrast, for the purposes herein, psychotherapy, in its most complex form, involves changing or reconstructing the patient's personality. It is for this reason many people are

apprehensive, and with good reason, over the issue of whether psychotherapy has a place in the schools. Freudians believe that the adult personality can change radically only as a result of "psychotherapy or the trauma of catastrophe" (Maddi, 1972, p. 253). In any event, the child's personality is more malleable than the adult's, so that great care and competence are required when practicing child psychotherapy. Hence, reconstructive psychotherapy is a "form of therapeutic aid offered to individuals to help them understand and resolve their adjustment problems. A variety of diverse techniques are used including the giving of advice, mutual discussion, and administration and interpretation of tests" (Wolman, p. 82). Because of differing theoretical persuasion, there may be some disagreement about these three definitions. However, let us consider these as working definitions; and later, hopefully, we shall see how the framework of good school counseling psychology bridges some of the theoretical gaps.

Who Should Counsel in the Schools?

The training of school personnel for doing counseling varies greatly, even amongst school psychologists, primarily depending upon the college or university attended--and at what educational level; e.g., master's vs. doctoral. "Direct intervention through individual counseling is familiar ground for many school psychologists, uncharted ground for others and a place unknown to still others" (Tharinger, 1985, p. 447). Some guidance counselors have received training in counseling, but may have not--and it is my experience that many shy away from it because of a lack of skills, especially for group work. On the other hand, some school social workers, especially those with the (clinical) MSW degree, may be extremely proficient in doing psychological counseling, perhaps even more so than many nondoctoral school psychologists and may serve as good resource

persons in the schools for consultation on doing effective counseling.

Often times, despite the large number of psychological evaluations and many other duties that are required, another role expectation of the school psychologist is counseling. Hence, the psychologist working in the schools must have, at least, minimal skill in doing counseling. Competence and self-confidence are developed with practice, especially when success is seen. Shaffer (1985) wrote that "it is difficult to be dogmatic about what constitutes adequate qualifications for counseling, and how to acquire them" (p. 394). Therefore, if one did not receive much clinical experience while attending a formal college or university program, there are steps that can and should be taken to enhance one's skills. Reading about counseling is helpful, and professional associations often sponsor workshops. Moreover, there are clinical training programs offered by many different therapeutic groups, of various theoretical persuasion, for which the school psychologist, even at the subdoctoral level, is eligible, and often encouraged, to enroll. Sometimes the public school system will pay for such useful training, or at least a part of it. Yet, the most practical avenue is to seek supervision or advice on case handling from local school district colleagues, or your supervisor, if available and qualified.

Why Counsel?

Counseling should be done for the purpose of helping to alleviate the counselee's distress. In schoolchildren, the symptoms of distress are often manifested in disobeying teachers, poor achievement, and breaking school rules. Children, if unhappy, may act-out their distress or refuse to do what is asked of them in school, and not necessarily become the stereotypical lethargic, withdrawn adult depressant. This active behavior by unhappy children is the reason why clinicians have hesitated to formally label children as depressed.

Yet, acting-out children can be very depressed and could ultimately become self-destructive if their psychological pain is not alleviated. Therefore, many potential counselees who come to the attention of the school psychologist are initially reported as being a "behavior management problem" and often as also having "learning problems."

Cross-cultural Counseling

Although this writer believes that a competent counselor can be effective with a client from any background or heritage, there are certain factors to consider. Probably the two most important considerations are that (a) certain groups have definitely been oppressed by the dominant American host culture, and (b) different ethnic groups have customs which are at odds with the majority of Americans. (Caution must be taken to ensure that children from non-English speaking homes are not placed cavalierly in special communications handicapped classes, or that the culturally disadvantaged are too quickly labeled mildly retarded or learning disabled.) If you, as the counselor, are sensitive to and can accept these facts, then you should succeed. Derald Wing Sue's (1981) book may be the definitive work in this area to date.

Best Practices

Referrals

There will be few self-referrals by young schoolchildren. However, at the secondary level many students may seek the counsel of the school psychologist (Shaffer, 1985), especially one who has a reputation for being accessible, nonthreatening, and worthwhile seeing. Students who already know the school psychologist may request sessions at a later time after the initial termination merely to "say hello" or "touch base." Occasionally, the psychologist, while in a school, may spot a student that appears distressed, disoriented, excessively

withdrawn, highly agitated or aggressive and make arrangements to see such a pupil. Invariably, though, referrals will originate from teachers, guidance counselors, or administrators who handle discipline problems. Moreover, the expectation is not usually that such youngsters be aided in their adjustment so much as it is they will be placed in a special education program, preferably out of their present school. Building administrators can exert much pressure on the psychologist in an effort to make this happen. It is at this point where the psychologist has to muster one's professional courage by saying that the situation will be looked into without promising a special placement. A review of the student's records, an unobtrusive classroom observation, and a teacher conference/consultation--which may include parental involvement at a greater level than before--is in order. If teacher consultation does not help or is not feasible, an exploratory face-to-face interview with the student is indicated.

A Framework to Determine When to Counsel?

Counseling, within the highly recommended new theoretical short-term framework,¹ will generally be more than one or two sessions, but not an entire schoolyear. Moreover, in as much as counseling is a time consuming direct intervention, only those students for whom the process appears productive should be seen on a regular basis. After all, the goal of the school psychologist is to facilitate the emotional adjustment of as many students as possible so that they can have a pleasant and therefore productive school experience.

Prior to selecting a counselee, the counselor must try to determine the level of distress at which the prospective client is functioning. By doing this, a corresponding prognosis can be made; and the counselor can then make a sensible decision as to whether to proceed with a particular client oneself or

to make an outside referral. Such a decision is made from knowledge about the student, and preferably, from a single but in-depth clinical interview.

A "five level schema of psychological adjustment" is proposed here to aid the counselor in determining how a particular case should be handled. In other words, How serious is the prospective client's condition? There are three levels which require the psychologist's attention in varying degrees. The five levels are explained below.

Level five can be referred to as a severe or "crisis situation." Here, the person has been traumatized or is threatening suicide and requires immediate attention, and is always the psychologist's highest priority. Knowledge of crisis intervention is obviously important, but beyond the scope of this paper (see Bellak & Siegel, 1983; Golan, 1978; Slaikeu, 1984; Smead, 1985). Suffice it to say the seriously traumatized and the suicidal will often require hospitalization, or at the very least some medical attention. Nevertheless, for the level five student the school psychologist often is required to provide "psychological first aid," quickly notify parents, and to help arrange for medical treatment.

Some students who are unhappy may threaten suicide and should be taken seriously, but they will not necessarily follow through with their threat. The school psychologist should be able to differentiate this by observing affect and by asking about such things as when it will be done and by what method. If the affect is not flat, the proposed suicide is planned for a distant time (e.g., "one year from now"), the method has not been decided upon, or if the student denies that a suicide was really planned, we probably have someone seeking help but who is not physically self-destructive at this time. (The latter case probably is a level three, see below.)

A level four type is a moderate to severe problem where there is a "deep-seated adjustment problem of some duration," for which long-term psychotherapeutic intervention and/or medical management appear warranted. For instance, the student may have hallucinations or ingrained, exaggerated phobias. This is not the kind of case that would generally be handled within a regular public school. It is either outside the expertise of most school psychologists, or, such a student may be attending a special school.

The youngster having a mild to moderate "adjustment reaction" is the ideal candidate for school psychological counseling. This is a level three situation. The term reaction connotes the result of behavior that is situational, and hopefully transient. The counselor is likely to be effective in this kind of case and should pursue it.

Within the five level schema used here, a level two suggests a mild problem which is occasional--perhaps the sort of child who has become known as "difficult" and who previously was called "high strung." Level one is the normal child who, although there may be a noteworthy but minor problem, say, once or twice a year, is never considered to be in need of counseling. Naturally, the counselor must understand what constitutes normal behavior and development.

Knowledge of this proposed framework should help the novice counselor to better conceptualize degrees of psychopathology that will be encountered in the schools. It must be noted that as a person's emotional adjustment changes, one's designated level will change as well. Someone having passed through a severe level five crisis might later reach an improved level two or three type adjustment and should be dealt with accordingly.

Regardless of the level of a student's problem, when the psychologist first becomes aware of it, there is a professional obligation to inform the parents.

With level four students, the parents should be referred to outside agencies or private psychotherapists, and good professional practice dictates recommending a minimum of two suitable resources from which the parents may choose. If the counselor decides to see a level three child--or perhaps, even a level two type pupil, having the unusual luxury of time--for ongoing short-term counseling, formal permission, in writing, should be obtained from the parents before a second session with that child occurs. The school psychologist need not be concerned about legalities if a child is seen once because this is not unusual and is often expected, but a second session without parental permission can cause complicated and unnecessary problems.

Individual and Group Counseling

In spite of time constraints, there are certain cases where individual counseling is preferable to group work. Examples of this are: extremely shy students who will not speak in group situations; rather intimate concerns, perhaps of a medical or interpersonal nature; no compatible school groups, and possibly due to age disparity. If there are other students with similar adjustment problems of approximately the same age, a counseling group should be initiated. In essence, the school psychologist should counsel to alleviate the distress of as many students as time permits; and therefore, selectivity and grouping are necessary. The effective group counselor must understand the natural course of groups, their dynamics, and the group leader's role (see Claiborn & Strong, 1982; Rosenbaum, 1976; Yalom, 1975). The leader must be directive with typical groups of young children, but with adolescents a nonjudgemental or "interview method" (Croake, 1986) often is better.

Conclusion

It is hoped that the ability to competently do counseling will become part

of the many skills already held by school psychologists--who are too well rounded to merely fulfill the role of psychometrician/special education gate-keeper. Moreover, it is proposed that effective school counseling will change attitudes, and in so doing, reduce the practice of placing quickly into special education a child with an adjustment problem who has not yet received counseling. The school is a social organization that is usually changed by external forces, but it is possible to alter its functioning from within as well. Finally, such practice will not only provide more job satisfaction to and enable the school psychologist to become a child advocate in greater measure, but also, the school psychologist will have changed one's role oneself--without having to wait for others to make systemic modifications.

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Footnote

¹The new theoretical short-term counseling framework recommended herein is based upon the notion of "focused problem resolution"; and is from work by the Brief Therapy Center of the Mental Research Institute (MRI) in Palo Alto, California. For an excellent overview of this framework, see Weakland, Fisch, Watzlawick, and Bodin (1974). The basis for the Institute's kind of therapy--which can be grouped more closely with cognitive than psychodynamic or behavioral approaches--lies within communication theory and analytic philosophy (Sigmon, 1985); and it often utilizes directive, paradoxical techniques.

Behavior therapy has become the treatment method of choice for many psychologists, both for school and clinical practice, because it can effect change so much quicker than orthodox psychoanalytic practice--the former is also more appropriate in many cases, especially with children. As a result of these drawbacks, psychodynamic therapies--many of which, at least to some extent, are based on psychoanalytic thought--have been shortened (Barbanel, 1982; Barten & Barten, 1973; Brown, 1986; Sifneos, 1972; Wolberg, 1965). Nevertheless, at the present time, the behavioral orientation dominates school psychological practice. Most introductory textbooks make the bold claim that "psychology is the study of behavior." This author believes that such a claim is only partially true.

Literature, to date, specifically dealing with short-term problem focused counseling (of the MRI type) in regular public, or even special, schools is unknown to this author. Zarske's (1982) article is somewhat related; but it is a case study seemingly involving a special school student, and is really closer to conventional behavior therapy. This writer is currently preparing work on MRI-oriented school applications, and strongly encourages others to do so.